



THE SUMMIT
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WASHINGTON



DC TEENS: PROGRESS & PROMISE





This report summarizes the challenging journey taken by so many to significantly reduce teen pregnancy in Washington, DC over the past 20+ years. The Summit Fund of Washington is just one of many organizations that has contributed to our community's unprecedented progress to date. We hope to convey the power of setting a time-bound measurable goal to drive progress, as well as the importance of delivering the highest quality programmatic interventions possible to our city's teens. Further progress is absolutely possible, but not inevitable. We hope to influence a redoubling of the efforts to continue progress to reduce teen pregnancy in Washington, DC.

Paving the Way

The rates of pregnancy and early childbearing have been high among teens in the District of Columbia for decades. The strong connection between teen pregnancy, infant mortality and the high school drop-out rate led Marion Barry to make the issue a city-wide priority when he was elected mayor in 1979. At that time, the District of Columbia ranked among the five cities with the highest teen birth rates in the country, despite an overall decline in the city's teenage population.

Various initiatives of the Barry administration, including the Mayor's Blue Ribbon Panel on Infant Mortality, the Mayor's Advisory Board of Maternal and Infant Health, a Blue Ribbon Panel on Teenage Pregnancy Prevention in 1984, the Office of Teenage Pregnancy and Infant Mortality in 1986, and a Teenage Pregnancy Prevention Community Awareness Project were launched. These foundational efforts served an important function by prioritizing teen pregnancy as a social issue, beginning to build political will among city leaders, and by promoting public-private partnerships to develop new and innovative prevention strategies.

Finding a solution to the problem remained elusive in the District of Columbia until 1996 when the Clinton Administration decided to link addressing the high rates of teen pregnancy to "changing welfare as we know it."

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 resulted in a block grant called Temporary Assistance for Needy Families (TANF) which replaced Aid to Families with Dependent Children (AFDC).

A primary goal of the TANF program was to provide greater support to teen families, requiring, among other things, that teen parents participate in school and live under adult supervision. Given that most teen births in the US occur outside of marriage, a secondary goal of TANF was to reduce out-of-wedlock births. As an incentive, five states demonstrating the most significant declines in out-of-wedlock births were eligible to receive a \$20 million annual award under a provision titled "Bonus to Reward Decreases in Illegitimacy." Over the following five years, out-of-wedlock childbearing declined significantly in the District. As a result, the District, treated as a state for the purpose of the bonus program, won more than \$80 million. While this infusion of funding provided much needed support to teen families, the District missed an important opportunity for change. Only a small fraction of the funds was spent on programs designed to prevent teen pregnancy, which would have been an entirely permissible and appropriate use under TANF.

In the wake of welfare reform and during Marion Barry's final term in office (1995-1999), the District established the Mayor's Committee to Reduce Teenage Pregnancies and Out-of-Wedlock Births. Over 80 organizations and individuals—some of whom had been involved in the Mayor's Blue Ribbon Panel on Teenage Pregnancy Prevention 15 years earlier—comprised the membership. Similar to the previous blue ribbon panels, committees, task forces and special commissions, the Mayor's Committee held meetings and produced reports. This time, however, the outcomes were very different.

“For decades the Stewart Trust had been supporting health organizations addressing significant medical and related problems resulting from births to teenage mothers. It became apparent that a broad-based community effort to reduce unintended teenage pregnancy could result in many benefits. DC Campaign has played an essential and highly successful role in this community-wide effort.”

—William Bierbower, Trustee, the Alexander and Margaret Stewart Trust

Four important actions set this Mayor's Committee apart from its predecessors:

- The Committee was grounded in the most current research available on youth development as it related to preventing teen pregnancy.
- The Committee focused on how to help young people choose positive futures for themselves instead of on what the government could do to prevent teen pregnancy.
- The Committee developed a strategic plan for the District of Columbia that stressed best practices and included step-by-step actions to reduce teen pregnancy.
- The Committee also set a specific, albeit modest goal: "The District's official target...is a 1% reduction in both teen and out-of-wedlock births each year."

Additionally, the Mayor's Committee strongly endorsed an initiative by several local foundations to execute a Memorandum of Understanding (MOU) with every government agency working on teen pregnancy prevention. The purpose of the MOU was twofold: 1) identify what government agencies were actually doing to prevent teen pregnancy, and, 2) direct the TANF bonus to support established, local teen pregnancy prevention initiatives. Unfortunately, this MOU was never implemented.

The strategic plan developed by the Mayor's Committee, however, was far reaching. Not only did it seek to engage the entire community in preventing teen pregnancy, but also included evidence-based approaches addressing a wide spectrum of risk factors:

- Educate and support adolescents in postponing pregnancy using school, family and community settings
- Engage boys and young men in programs that help them act more responsibly in their relations with teen girls
- Expand and enforce efforts to reduce the sexual and physical abuse of young people

- Focus on school retention and achievement
- Improve access to and use of family planning services
- Dramatically increase access to after school and youth development activities
- Use the federal bonus to support teen pregnancy prevention
- Build a community consensus

In 1998 the Summit Fund of Washington, the Morris and Gwendolyn Cafritz Foundation, the Alexander and Margaret Stewart Trust and the Philip L. Graham Fund jointly financed the most extensive public opinion research ever conducted on attitudes about teen pregnancy in the District of Columbia. Findings from 23 focus groups, a telephone survey of 1,600 District residents age 11 and older, including 790 African Americans, 367 Hispanics and 356 whites, 12 in-depth interviews with community leaders and experts and five mini-groups with preteens, teens and parents resulted in significant public and media attention.

The research findings were illuminating. Most District residents believed that the overall quality of life in the District was improving, but that children and youth were being left behind. They considered teen pregnancy a major social concern, ranked among the top social ills such as drugs, violence, and failing public schools. United across lines of race, age and income, they called for a new mandate for action to prevent teen pregnancy:

- Increase investment in positive activities for young people;
- Invest in parents;
- Make birth control more widely available;
- Involve schools in sexuality education; and
- Place more prevention messages in the media.



“On behalf of District residents, we call on the District government to seize the opportunity to invest the entire ...TANF bonus in existing, research-based teen pregnancy prevention programs.”

—Virginia Fleming
Co-Chair, The Mayor's Committee to Reduce
Teenage Pregnancies and Out-of-Wedlock Births

Drawing a Line

“Summit decided to focus on teen pregnancy because it was such a critically important issue for DC and an area where we thought we could make an impact. From the beginning, we wanted to bring more than money to the table – and we also believed that providing general support to grantees who shared our goals would build long-term capacity.”

—Vicki Sant
President, the Summit Fund of
Washington and Founding Board
Member, DC Campaign to
Prevent Teen Pregnancy

Prior to the 1996-1997 Mayor’s Committee, most teen pregnancy prevention efforts in the District lacked a coordinated focus. Beyond the provision of family planning services, there were few research-driven community- or school-based programs designed to help teens prevent unintended pregnancy. Some programs focused on abstinence-only education. Others focused on youth development interventions without explicitly addressing sexual health. Still others focused on educating teachers, testing students on sexual knowledge, or raising general community awareness by conducting hearings at schools, distributing buttons and flyers, and sponsoring slogan contests. Importantly, the city lacked an overall vision for prevention, often focusing on short-term activities rather than long-term measurable outcomes.

In 1998, the Summit Fund of Washington decided to address the need for a broad, multi-faceted vision and a long-term, sustained strategy to ensure that all teens in the District had the information, skills, resources, services, and opportunities they needed to prepare for adulthood and plan their families. The Summit Fund galvanized the local teen pregnancy prevention community in a number of ways. First, and most significantly, Summit set an ambitious and unprecedented goal of cutting the teen pregnancy rate in the District by half by 2005. Making the commitment to connect measurable outcomes to program activities was uncharted territory. Many organizations had never measured effectiveness in such a tangible way, previously looking mainly at program participation.

Secondly, the foundation significantly increased its focus on research-based strategies, suggesting that grantees adopt a set of Best Practices for Healthy Adolescent Development. The best practices emphasized the promotion of a pregnancy-free adolescence among the District’s teens. Recognizing that there are only two ways for teens to prevent an unplanned pregnancy – either abstain from sex altogether or use contraception effectively and consistently – the Summit Fund made an explicit commitment to expanding sexuality education programming, improving youth-friendly family planning services, and promoting youth development opportunities for teens across the city. Setting a pregnancy prevention goal and adopting these best practices gave nonprofit service providers a way to demonstrate the connection between what they wanted to do (the program) and what they wanted to accomplish (their outcomes).

And finally, the Summit Fund responded to a recommendation of the Mayor’s Committee to create a new, non-governmental organization focused entirely on preventing teen pregnancy through advocating for the use of best practices and research-based interventions.

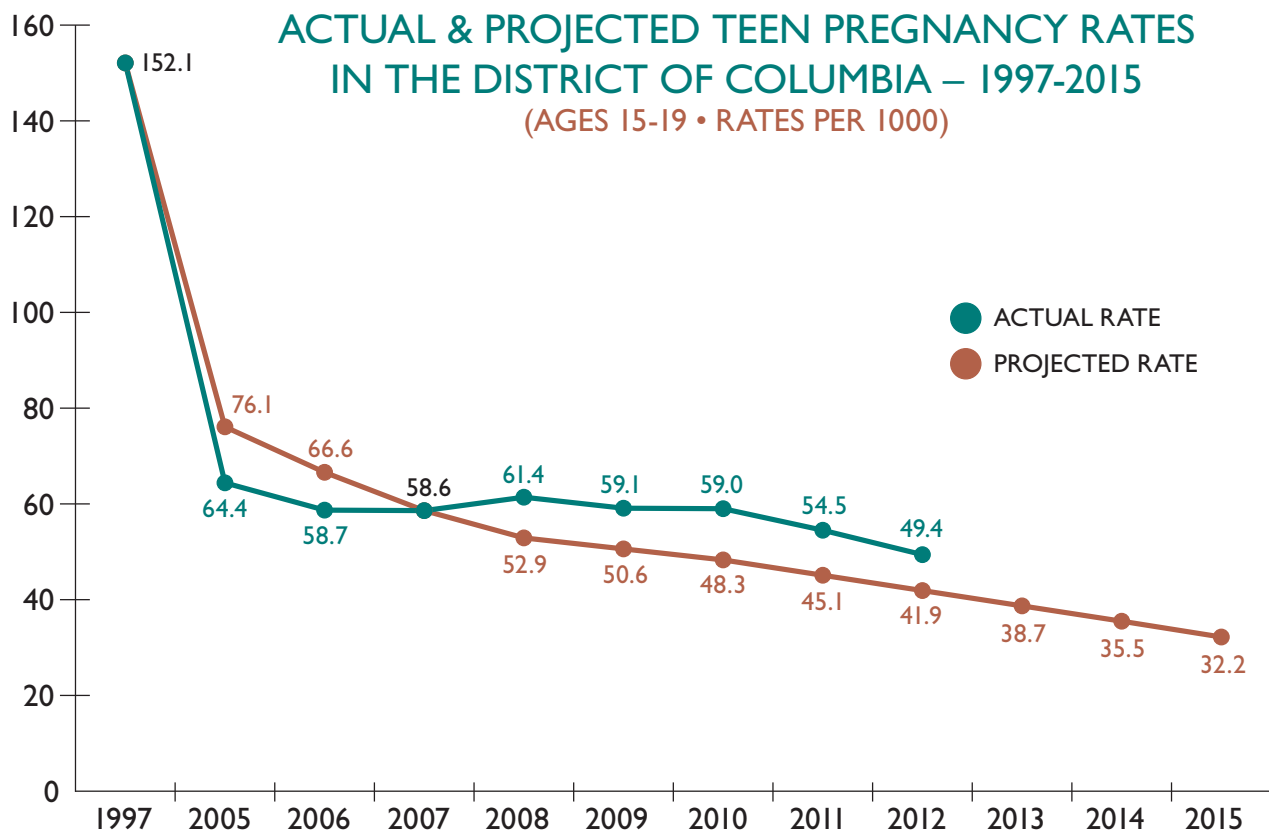
When DC Campaign was founded in 1999, its board of directors aligned the organization’s mission to the Summit Fund’s 50 percent reduction goal. Using the commitment to “change the conversation” regarding teen pregnancy, the Campaign began promoting research-based strategies and best practices, creating partnerships and networks, and engaging parents and non-traditional stakeholders in the commitment to reduce the rates by one-half by 2005. The

board decided to track progress based on data from the District of Columbia Department of Health, State Center for Health Statistics. Unlike national numbers, local data are released more frequently, with new numbers usually available within two years of occurrence. The teen pregnancy rate is a city-wide measurement arrived at through the following formula:

$$\frac{\text{Births} + \text{Abortions} + \text{Fetal Deaths}}{\text{Population of Teen Girls (age 15 -19)}} \times 1000 = \text{Teen Pregnancy Rate}$$

Even at the local level, data collection is not simple. For example, in the District of Columbia abortion reporting is voluntary and the formula for calculating the teen pregnancy rate requires input from numerous city agencies and local providers. The model of cooperation required to measure the teen pregnancy rate is mirrored in the many partnerships, collaborations and cooperative efforts that eventually led to a 57.7 percent reduction in the city's teen pregnancy rate from 1997 to 2005.

The extraordinary reduction from the 1997 rate of 152 to 64.4 pregnancies in 2005 demonstrated the power of drawing a line.





“When you reduce teen pregnancy rates, you are building hope from the bottom up.”

— Charito Kruvant
President & CEO, Creative
Associates International
and Summit Fund of
Washington Board Member

With the successful accomplishment of the 50 percent by 2005 goal, and in solidarity with the Summit Fund, DC Campaign's board voted to revise its mission. The new mission was to cut the rate in half again by 2015 with a target teen pregnancy rate of 32.2 pregnancies per thousand girls 15 to 19 years old. For the first time in its history, the District of Columbia City Council also established a city-wide teen pregnancy prevention goal of **Half by 2015** and pledged to support DC Campaign's initiative, as did many other organizations and individuals across the city.

Half by 2015 was the new rallying cry—another clear, measurable outcome. Having already cut the rate in half once, the teen pregnancy prevention community believed it could achieve success again. Half by 2015 was the city's new teen pregnancy prevention goal.

According to the most recent data available, in 2012 the teen pregnancy rate in Washington, DC had been reduced to 49.4 pregnancies per thousand girls 15 to 19, well within striking distance of the goal identified in Half by 2015.

However, the good news about the lowest teen pregnancy rate on record in Washington, DC was offset by troubling statistics on the high number of teen births in some parts of the city. From 2005 to 2012 the number of teen births declined, reducing the city-wide total from 853 down to 790. But teen births remained high in Wards 7 and 8 which now account for more than half of all births to teens in Washington, DC. This continues the disturbing trend of high teen births in neighborhoods with the least resources.

BIRTHS BY WARD (DC TEENS 15-19)

WARD	1997	2005	2012
Ward 1	180	135	59
Ward 2	90	95	14
Ward 3	3	5	3
Ward 4	126	110	77
Ward 5	162	150	113
Ward 6	149	133	67
Ward 7	226	182	192
Ward 8	247	246	265
TOTAL	1183	853	790

Achieving Success

Thousands of adolescents have benefited from a variety of clinical, community, and school-based programs and services, leading to the most dramatic teen pregnancy rate reduction in the history of the District of Columbia. These strong programs have impressive outcomes and have contributed to a teen population that is healthier and better informed about sexuality and able to make decisions in their own best interests. As the data demonstrates, however, our work is not complete. There is still much to do to ensure that all teens in the District have the same opportunity for success.

While the terms teen pregnancy and teen birth are often used interchangeably this can be quite confusing. Teen girls living in all wards of the city and at every economic level get pregnant each year but overwhelmingly, the ones who go on to give birth come from families that are poor. Advocates, funders, policy makers, and program planners across the city have done a great deal to help teens – especially those from disadvantaged family backgrounds and in disadvantaged neighborhoods – prevent early pregnancy and delay early childbearing. To ensure continued declines in all wards of the city, we can draw on previous success, learn from previous challenges, and replicate what's worked. Below are a number of recommendations for moving forward, based on lessons learned from the past two decades.



Increase the protective factors that help shield teens from early sexual risk-taking and promote future opportunity. Many of the protective factors related to teen pregnancy fall under the heading of youth development – that is, the intentional, ongoing, day-to-day activities that motivate young people to make positive decisions about how they live their lives and create their futures. Such protective factors include, among others, academic engagement and achievement; career planning and linkages to economic and employment opportunities and involvement in community service, volunteering and recreational activities. Parents, educators, faith leaders, youth serving providers, and businesses, among others, can all play a role in helping teens complete their education and design their future.

Expand primary prevention programs. Primary prevention programs help teens postpone or prevent a pregnancy in the first place. Helping teens delay first intercourse through education; expanding mentoring opportunities; conducting group activities and a system of rewards, and reducing barriers and dispelling myths in order to increase the use of contraception among teen girls and boys when they do begin to have sex are all important primary prevention strategies.

Promote birth spacing and reduce subsequent births among teen parents. In 1997 more than twenty-six percent of teen births in Washington, DC were repeat births, meaning second, third, fourth and even fifth births to girls younger than 19 years of age. Today the citywide repeat birth rate for teens hovers around 19 percent according to the most recent data available (2012). Birth spacing—increasing the amount of time between births—can give teen parents time to improve their life situation and succeed as students and parents. Delaying a subsequent pregnancy is best accomplished by effective contraceptive use. It is



important to remember that, by definition, teen parents are or have been sexually active and abstaining from sex does not seem to be a reasonable expectation for most. Evaluation findings from local programs have demonstrated success. In one secondary prevention program, for example, the repeat birth rate is less than 8 percent for program participants.

Address the high rate of early unintended pregnancy among siblings of teen mothers. Research shows that the siblings of teen mothers are at high risk for becoming teen mothers themselves. This may seem counter-intuitive but in fact, becoming a teen mother is a clear indication that a great deal is not going well in a girl's life and the same is probably true for her sister(s). It is likely that scarce family resources are stretched to the limit. The stress of too many children and adults crowded together with little privacy affects everyone. Child care and transportation problems can lead teen mothers to drop out of school. If living in the same household with a teen mother and her baby does not inoculate siblings against becoming a teen mother, what does? Overall, families started by teens face a troubled future with the potential for abuse and neglect, homelessness and poverty.

Promote more effective, consistent contraceptive use and help reduce sexual risk-taking by expanding confidential, affordable, youth-friendly health care. Recent research demonstrates that sexually active teens can greatly reduce their risk of pregnancy by using long acting reversible contraceptive methods (LARCs) such as the contraceptive implant and intrauterine devices (IUDs). These methods are safe and highly effective for most teens. LARCs have the highest effective rate of any form of contraception because they are not dependent on the sexually active person to use them correctly or to negotiate their use with a partner; rather they are inserted by a professional clinician and are designed to prevent pregnancy for three, five or ten years. In addition, promoting dual method use – condoms with other contraceptive methods – will ensure that teens are protected from both pregnancy and HIV/STIs. Service coordination between family planning centers, school-based health centers, and social service agencies is a particularly important strategy for teens who are the least likely to use contraception, including youth in drug and alcohol dependency programs, or youth who have experienced trauma and neglect.

Expand supportive services to teen mothers and fathers and their child(ren). Teen mothers and fathers need extra supports to stay in school, complete their education, obtain job training, and access a range of psychosocial, mental health, parenting and relationship counseling services. Disconnected youth are particularly at risk for subsequent pregnancy. Nearly twenty percent of youth in one program serving disconnected youth are already parents. Community agencies and schools can use a variety of strategies to help these teens. For example, one school-based program helps make connections between young parents and trustworthy adult mentors. It is important to remember that the most effective programs are data driven and regularly assess the teen parents they serve to obtain information about their decision making, contraceptive use and the social and behavioral factors that influence their sexual behavior.

Focus on engaging young men. Many boys and young men do not have positive male role models in their lives and imitate false images of masculinity that permeate popular culture. Programs that address this issue providing accurate information about sex and relationships while teaching boys a style of behavior that respects young women can be especially effective. Young men are an important part of the equation if we are to continue the declines in early, unintended pregnancy and childbearing.

Promote evidence-based sexuality education in community settings. While schools are an important setting for sexuality education, community agencies can also play an important role. Teens need medically accurate information about how their bodies work, how pregnancy occurs, and how to use contraceptive methods. Teens need help navigating sexual relationships, making healthy decisions, and communicating effectively with their partners. Combining the best of prevention science with the best of positive youth development helps both girls and boys develop skills to overcome obstacles, make positive choices, and achieve their goals.

Equip parents with the skills and information they need to talk to their own children about sex. Family engagement is particularly important because teens are not only individuals, but also members of family units committed to their success. Often parents and other caring adults need tailored education to help their teens navigate the adolescent years and to communicate effectively about decisions related to sexuality and pregnancy. Programs can help support strong, positive relationships with caring adults and family members.

Engage young people in prevention efforts. Teen advocates and peer educators can play an important role in helping to design, implement and evaluate programs. They can also help shift social norms about early pregnancy and influence policy and practice. Indeed, over the last few years, DC teens have been actively involved in policy change around homelessness, foster care, sexuality education and comprehensive health standards in schools. Programs can provide training, leadership development and opportunities to engage teens in taking a more active role in these issues.

Shift social norms through the media. Print, television and social media increasingly offer a way to tell teen stories and grant access to a variety of perspectives and services. In this age of “connected youth” communication strategies can provide an effective way to shift thinking and therefore, behavior.

Engage community leaders and non-traditional stakeholders. Mobilizing a variety of community leaders for the purpose of creating support for the development, implementation, and sustainability of effective teen pregnancy prevention strategies and policies can help shift the social environment and lead to collective action to facilitate change.

“Teen pregnancy prevention is bigger than any one organization or any one approach. You have to say there is not just one correct pathway. If every child had access to a great education, could get the support they need from their family and community, access to sexual health and well-being information and services and were on a career pathway for their future...that would make a big difference in preventing teen pregnancy.”

— Lori Kaplan
President & CEO/Latin American Youth Center

Staying the Course



Why has the District's teen pregnancy reduction outpaced everywhere else in the country? Numbers tell only part of the story. In many ways, making teen pregnancy a thing of the past is a fight against attitudes—*not* against people.

“To break the cycle of teen pregnancy, you have to change the paradigm so that youth are focused on success. You need to create a culture and send a message about how kids should behave and how to get ahead. At Mary's Center, we do this by focusing on both academic achievement and family integration. With time, this shifts the paradigm for the entire community. When you put kids on the path to college instead of premature parenthood, that path can lead to long-term economic development – and to people having children when they're ready to have children.”

— Maria S. Gomez
President & CEO, Mary's Center for Maternal and Child Health

The roots of teen pregnancy are not easy to address, but at least today, there is increasing recognition that early childbearing is a reflection of societal conditions rather than the personal failing of teens. As we move forward in the coming years, District leaders must continue their long-term sustained commitment to teen pregnancy prevention. In addition to expanding sexuality education programs and investing in youth-friendly family planning services, we must continue our efforts to lift families out of poverty, promote neighborhood stability, increase economic development and improve the public education system. Focusing on assets rather than deficits, drawing on strengths rather than shortcomings, and building on the incredible success achieved in recent years will go a long way in ensuring that all teens are able to plan their families and their futures

“Moving forward, all of us need to stay focused on reducing teen pregnancy. It is a critical issue where more progress is possible and necessary. We must continue to pursue ambitious, transformative goals.”

— Carol Thompson Cole
President & CEO, Venture Philanthropy Partners and
the Summit Fund of Washington Board Member

People advocating for a reduction in teen pregnancy in DC have taken the long view. They resolved to work together with a multi-generational response to deprivation, poverty and a lack of opportunity. They recognized the importance of behavior change among individual teens, while also recognizing the need for community-level behavior change. They understood that a comprehensive approach to prevention required more than the provision of direct services. Advocacy, research, systems change, and community engagement were equally important strategies. Some of the specific elements that contributed to the remarkable success are listed below. These must continue and be expanded upon.

“We’ve made tangible progress on reducing teen pregnancy in DC, and in the process, we’ve learned a lot about what we need to do going forward. At this point in time, the piece of the puzzle that is most challenging is advocacy – in government, in schools, in communities, in health care.”

– Loral Patchen
Teen Alliance for Prepared Parenting,
Medstar Washington Hospital Center

- A strategic vision and clearly articulated goals shared by funders, community leaders, and program administrators
- A sense of trust within and across institutions and a willingness to form partnerships and alliances
- Inclusive leadership
- Dedicated funding streams through public agencies and private foundations
- Research and more research on the causes, consequences and solutions to teen pregnancy
- Shared data across social, health and educational sectors
- Tailored programs to meet the needs of specific teen populations
- An emphasis on health disparities and an acknowledgment that youth of color and low income youth are disproportionately affected by early childbearing
- A concerted effort to engage parents and honor the important role they play in the lives of teens
- An emphasis on shifting social norms about early parenthood

What does the future hold?

Human rights pioneer Mary McLeod Bethune once said, “No one can speak for me better than I can speak for myself.” The founder of the National Council of Negro Women staked her reputation on engaging people closest to a problem in solving that problem.

Starting conversations that are open and honest in communities most affected by teen pregnancy is a necessary first step. Incorporating neighborhood leaders into existing organizations as staff, board members and advisors will help drive the work in the right direction. Service providers must begin to talk less and listen more—listening to parents and teens. Indeed, careful listening is critical to creating a plan for the future.

The *why* of what teens do matters every bit as much as the *what*.

If progress is going to continue, in addition to staying the course, it will be essential to begin and explore new conversations and strategies.

Equally important is generating a sense of urgency about preventing teen pregnancy and the benefits that will accrue to everyone who calls Washington, DC their home.

“Every child in this city deserves the best possible chance at success. That means adults have to declare that teen pregnancy is not OK. It is not inevitable. It IS completely preventable and something that shouldn’t happen to any child in Washington, DC.”

– Jay Cooper
Policy Director, DC Campaign to Prevent Teen Pregnancy.

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